

Iowa Health and Wellness Plan: NEMT Waiver Amendment

In May of 2013, the Iowa Legislature passed the bi-partisan Iowa Health and Wellness Plan. The Iowa Health and Wellness Plan provides modern access to healthcare for all Iowans while implementing a benefit design intended to address liabilities associated with simply expanding the number of lives in traditional Medicaid coverage. The plan's design seeks to improve outcomes, increase personal responsibility and ultimately lower costs while supporting a population that is often new to full healthcare coverage.

Key goals among legislators that helped enable a bipartisan compromise were: 1) ensure the Health and Wellness population (0-138% of the federal poverty level) had access to high-quality local provider networks and modern benefits that worked to improve health outcomes and 2) help drive overall healthcare system transformation by encouraging a shift to value based provider payments that will align with important developments in the state occurring in both private insurance and Medicare markets. A key piece of the compromise was that the coverage would look more like a commercial benefit than traditional Medicaid and that the design would include a financial stake in coverage for members and an emphasis on healthy behaviors. The Iowa Health and Wellness design has met these goals. Members have access to local providers and all Essential Health Benefits. The benefits are based on the state employees' commercial health insurance plan and do not contain the extensive benefits traditionally associated with Medicaid under the State Plan. This commercial approach specifically excluded non-emergency medical transportation (NEMT).

On December 30, 2014, the Centers for Medicare and Medicaid services (CMS) approved the extension of the NEMT waiver from January 1, 2015 through July 31, 2015. Thereafter, CMS and the Iowa Medicaid Enterprise (IME) established the criteria necessary for the IME to continue the NEMT waiver beyond July 31, 2015. CMS proposed that Medicaid member survey responses on difficulties with transportation for beneficiaries subject to the NEMT waiver be compared to the survey responses of persons who have access to NEMT services and that the responses not have statistically significant differences. IME agreed to compare survey responses of the Iowa Health and Wellness plan (IHAWP) members to survey responses to survey responses of persons receiving 'traditional' Medicaid benefits through the State Plan.

Iowa conducted the analysis and found that the survey responses of the two populations do not have statistically significant differences. As such, Iowa requests to continue waiving the NEMT service for members under IHAWP who are not medically exempt and who are not eligible for

EPSDT services.¹ Iowa requests this waiver be extended for the remainder of the IHAWP² demonstration period, December 31, 2016.

As required by the IHAWP Special Terms and Conditions for the amendment process, Iowa is providing the information below and corresponding attachments to support the continuance of the NEMT waiver.

- a. An explanation of the public process used by the state, consistent with the requirements of STC 15, prior to submission of the requested amendment;

The IME posted public notice in nine newspapers statewide for a 30-day public comment period running from April 24, 2015 through May 24, 2015. The IME also provided tribal notice for this comment period. Additionally, the IME sent email blasts to various stakeholders lists to inform them of the IME's request to amend the NEMT waiver and public comment period. The notice and a draft of the NEMT waiver amendment were posted online. Please see the attachment entitled, *Public Notice-NEMT waiver extension* for more details.

More detail may be added to the final version of this document that will be sent to CMS by May 31, 2015. IME intends to summarize the comments received but will not do so until the close of the public comment period, May 24, 2015.

- b. A data analysis worksheet which identifies the specific “with waiver” impact of the proposed amendment on the current budget neutrality agreement. Such analysis shall include total computable “with waiver” and “without waiver” status on both a summary and detailed level through the current approval period using the most recent actual expenditures, as well as summary and detail projections of the change in the “with waiver” expenditure total as a result of the proposed amendment, which isolates (by Eligibility Group) the impact of the amendment;

NEMT is currently an excluded benefit for IHAWP members who do not have a medically exempt status and who are not eligible for EPSDT services. IME is requesting to continue this process. As this amendment request does not reflect a change to the current program, there is no impact to the budget neutrality agreement.

- c. An up-to-date CHIP allotment neutrality worksheet, if necessary;

Not applicable as the CHIP population is not covered under IHAWP.

¹ Iowa is and will continue providing NEMT services to persons who have a medically exempt status and EPSDT eligible IHAWP members.

² IHAWP includes the Iowa Wellness plan 1115 demonstration (Project Number 11-W-00289/5) and the Iowa Marketplace Choice 1115 demonstration (Project Number 11-W-00288/5).

d. A detailed description of the amendment including impact on beneficiaries, with sufficient supporting documentation and data supporting the evaluation hypotheses as detailed in the evaluation design in STC 63;

As discussed above, the IME and CMS established the criteria necessary for IME to be able to continue to waive NEMT services. As such, the Public Policy Center of the University of Iowa compared the survey responses on transportation questions from IHAWP members to members who receive Medicaid State plan services. These analyses indicated that there was little, if any, difference in the barriers to care for IHAWP vs. Medicaid members as a result of transportation-related issues. Overall, nearly 20% of Medicaid and IHAWP members reported usually or always needing help from others to get to a health care visit and nearly 13% reported an unmet need for transportation to or from a health care visit in the six months prior to the survey. Geocoding and network analysis indicated that IHAWP members live as close, or closer, to a primary care provider than Medicaid State Plan members. For complete results, see the attachment entitled: *Non-Emergency Transportation Services for IHAWP Members: The early experiences of Iowa Health and Wellness plan members*.

e. If applicable, a description of how the evaluation design will be modified to incorporate the amendment provisions.

The evaluation design will not need to be modified if this waiver continues because exclusion of this service is incorporated into the design for most of the IHAWP population.